



# DESIGNATION OF BENEFICIARY

## Federal Employees' Group Life Insurance Program

Form Approved  
OMB No. 3206-0138

**WARNING**  
Read instructions on back of duplicate  
before filling in this form

### INFORMATION CONCERNING THE INSURED:

Name (Last, First, Middle)		Date of Birth (Month, Day, Year)	Social Security Number
Place an "X" in the appropriate box below:			
<input type="checkbox"/> An employee	<input type="checkbox"/> Retired or an applicant for retirement	<input type="checkbox"/> Receiving OWCP benefits or an applicant for OWCP benefits	
Department or agency in which presently employed (If retired, former department or agency):		If you are retired or receiving Federal Employees' Compensation, give your "CSA", "CSI", or OWCP claim number.	
Department or Agency	Bureau	Division	Location (City, State and ZIP Code)

I, the individual identified above, canceling any and all previous Designations of Beneficiary under the Federal Employees' Group Life Insurance Program heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any amount of LIFE INSURANCE and ACCIDENTAL DEATH INSURANCE due and payable at my death.  
I understand that this Designation of Beneficiary will remain in full force and

effect, with respect to any amount payable, unless or until canceled by me in writing, or until such time as it is automatically canceled (see regulation "P" on reverse side of duplicate copy). If this designation form is determined invalid for any reason, the next prior valid designation form will be given full force and effect. If no such prior form exists, the proceeds will be distributed according to the Order of Precedence.

### INFORMATION CONCERNING THE BENEFICIARY OR BENEFICIARIES (See Examples of Designations):

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
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For each type of insurance (Basic Life, Option A—Standard, and Option B—Additional): (1) I hereby direct, unless otherwise indicated above, that if more than one beneficiary is named, the share of any beneficiary who may predecease me or become disqualified for any reason from receiving a share of the benefits shall be distributed equally among the surviving beneficiaries, or entirely to the survivor; (2) I understand that this Designation of Beneficiary

shall be void if none of the designated beneficiaries is living at the time of my death.

I hereby specifically reserve the right to cancel or change this designation of beneficiary at any time without knowledge or consent of the beneficiary.

PRINT OR TYPE NAME AND ADDRESS (Including ZIP Code) OF INSURED

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Date of Execution (Month, Day, Year)

Please check:

- ☐ I have signed this form in the presence of the two witnesses who have signed below.
- ☐ Neither witness is named as a beneficiary.
- ☐ If I designated shares to be paid to more than one beneficiary, the shares add up to 100%. (Dollar amounts are not acceptable.)

Signature of Insured

### WITNESSES TO SIGNATURE (A witness is ineligible to receive payment as a beneficiary):

Signature of Witness	Number and Street	City, State and ZIP Code	
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Signature of Witness	Number and Street	City, State and ZIP Code	
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Receiving Agency	Date of Receipt	Agency Signature	Title
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SEE REVERSE SIDE OF DUPLICATE COPY FOR INSTRUCTIONS ON WHERE TO FILE THESE FORMS.  
DO NOT FILE WITH THE OFFICE OF FEDERAL EMPLOYEES' GROUP LIFE INSURANCE.

**IMPORTANT**—The filing of this form will completely cancel any Designation of Beneficiary under the Federal Employees' Group Life Insurance Program you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any life insurance payable under the Program at your death.

### EXAMPLES OF DESIGNATIONS

- 1. How to Designate One Beneficiary** *Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Niece	100%

- 2. How to Designate More Than One Beneficiary** *Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.*

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

- 3. How to Designate a Contingent Beneficiary**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

- 4. How to Designate Different Beneficiaries for Basic Life and Optional Coverages\***

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
John D. Jones	124 Elm Street Dayton, OH 45420	Son	All Basic Life
Jane M. Smith	421 Spring Avenue Portland, ME 04101	Niece	All Opt. A—Standard
Elizabeth J. Allen	234 Fifth Avenue New York, NY 10029	Daughter	50% Opt. B—Additional
Ann J. Borden	678 Ninth Street Philadelphia, PA 19123	Daughter	50% Opt. B—Additional

- 5. How to Cancel a Designation of Beneficiary and Effect Payment Under Order of Precedence (See back of duplicate)**

Type or Print First Name, Middle Initial, and Last Name of Each Beneficiary	Type or Print Address (Including ZIP Code) of Each Beneficiary	Relationship	Share to Be Paid to Each Beneficiary
Cancel prior designations			

\*If a beneficiary for Basic Life, Option A—Standard or Option B—Additional predeceases designator and there is no surviving beneficiary or contingent beneficiary for that type of insurance, payment for that type of insurance will be made in order of precedence (see back of duplicate).

This Designation of Beneficiary Form is to be used solely for the disposition of proceeds of insurance under the Federal Employees' Group Life Insurance Program and is not to be confused with Standard Form 2808, *Designation of Beneficiary, Civil Service Retirement System*, Standard Form 3102, *Designation of Beneficiary, Federal Employees' Retirement System*, or Standard Form 1152, *Designation of Beneficiary, Unpaid Compensation of Deceased Civilian Employee*.

### Order of Precedence

If, at the death of the insured, there is no designated beneficiary entitled to all or any part of the insurance, the amount of insurance for which there is no designated beneficiary shall be payable to the person or persons listed below surviving at the date of the insured's death, in the following order of precedence:

1. To the widow or widower.
2. If neither of the above, to the child or children, with the share of any deceased child distributed among the descendants of that child.
3. If none of the above, to the parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the executor or administrator of the estate.
5. If none of the above, to the other next of kin who are entitled under the laws of the domicile of the insured at the date of death.

IT IS NOT NECESSARY FOR THE INSURED TO DESIGNATE A BENEFICIARY UNLESS HE OR SHE WISHES PAYMENT TO BE MADE IN A WAY OTHER THAN THE ORDER OF PRECEDENCE SHOWN ABOVE.

### Regulations

- (a) The Designation of Beneficiary shall be in writing, signed and witnessed by two people, and received in the employing office (or in the Office of Personnel Management, in the case of (1) a retired employee or (2) an employee whose insurance is continued while receiving benefits under the Federal Employees' Compensation Law because of disease or injury and who is held by the Department of Labor to be unable to return to duty) prior to the death of the designator.
- (b) A change or cancellation of beneficiary in a last will or testament, or in any other document not witnessed and filed as required by these regulations, shall not have any force or effect.
- (c) A witness to a Designation of Beneficiary is ineligible to receive payment as a beneficiary.
- (d) Any person, firm, corporation or legal entity (except an agency of the Federal or District of Columbia Governments) may be named as beneficiary.
- (e) A change of beneficiary may be made at any time and without the knowledge or consent of the previous beneficiary, and this right cannot be waived or restricted.
- (f) A Designation of Beneficiary is automatically canceled 31 days after the employee stops being insured.

Title 5, U.S. Code, Chapter 87, Life Insurance, authorizes solicitation of this information. The data you furnish will be used to determine your beneficiary(ies) for your life insurance and accidental death insurance. This information will be shared with the Office of Federal Employees' Group Life Insurance in the event of your death. It will also be shared with the Office of Personnel Management and be placed in your Official Personnel Folder. This information may be shared with other Federal agencies or Congressional offices which have a need to know it in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue

- (g) If an insured person provides in a valid designation of beneficiary that a designated beneficiary shall be entitled to the proceeds of the insurance only if the beneficiary survives him/her for a period of time (not more than 30 days) as specified by the designator, no right to the insurance shall vest as to such beneficiary during that period. In the event such beneficiary does not survive the specified period, payment of the proceeds of the insurance will be made as if the beneficiary had predeceased the insured.

### Instructions

1. The examples printed on the back of the first page of this form may be helpful to you in filling out this form to name a beneficiary or to cancel a prior Designation of Beneficiary. More than one beneficiary can be designated. Unless you direct otherwise in the Designation, the person(s) named will be considered as beneficiary (or beneficiaries) for (both) Basic Life and optional coverages. The total insurance can be divided by showing what share is to be paid to each beneficiary (example 2), or different beneficiaries may be designated for Basic Life and optional coverages (example 4).
2. Complete this form in duplicate. All entries on the form except signatures should be typed or printed in ink (typewriting preferred).
3. It is not necessary to file a new Designation of Beneficiary when the name or address of the insured or the beneficiary is changed.
4. This form must be free of erasures or alterations.

**Important:** If you wish to designate a trust as beneficiary, ask your employing office for instructions.

### Where to File Completed Form

If insured as an employee, file the form with the agency in which employed. If insured as a retired employee or while receiving Federal employees' compensation, file the form with the Office of Personnel Management, Employee Service and Records Center, Validation Section, Boyers, PA 16017. If an application for retirement or compensation is pending, file the form with the agency in which employed if still an insured employee, or with the Office of Personnel Management if no longer an insured employee. The duplicate will be noted and returned as evidence that the original has been received and filed. It is suggested that the duplicate be kept with the SF 2817A (SF 2817B for Postal Employees), the *Federal Employees' Group Life Insurance Program Description and Certification of Enrollment*.

### Privacy Act Statement

benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with appropriate Federal, state or local law enforcement agencies. Executive Order 9397 (November 22, 1943) authorizes use of the social security number. While the law does not require you to supply all the information requested on this form, it may not be possible to process your Designation of Beneficiary if you fail to do so. Agencies other than the Office of Personnel Management may have further routine uses for the disclosure of information from the records systems in which they file copies of this form and they should provide you with any such uses which are applicable at the time they ask you to complete this form.

Designations should be kept current. With changes in family status (marriage, divorce, death, births, etc.), you may wish to make changes in designation.